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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/566,844			ing Date 01/2006	To be Mailed	
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL	ENTITY	OTHER THAN OR SMALL ENTITY			
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	AL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =		
IND	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =		*			x \$ =		1	x \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) ar			olication size fee due entity) for each raction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If t	he difference in col	umn 1 is less than	r "0" in colu		TOTAL			TOTAL					
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	02/01/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 11	Minus	** 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 2	Minus	***3		= 0		X \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
. IF		d in long the set the			- "0" :-	l 2	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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